

**FORM A - GENERAL INFORMATION**

**STATEMENT OF QUALIFICATION  
FOR  
PROFESSIONAL ARCHITECTURAL / ENGINEERING SERVICES**

1. Date prepared: \_\_\_\_\_

2. Firm's name: \_\_\_\_\_

3a. Firm's address: \_\_\_\_\_

3b. Firm's Telephone No.: \_\_\_\_\_

3c. Firm's CLV Business License: \_\_\_\_\_

4. Is your local office the main office? \_\_\_\_\_ or branch office? \_\_\_\_\_ or sole office? \_\_\_\_\_

5. Year your firm was established: \_\_\_\_\_

6. Year your local office was established: \_\_\_\_\_

7. Location of:

a. Main office: \_\_\_\_\_

\_\_\_\_\_

b. Local office: \_\_\_\_\_

8. Year former firm(s) were established:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

9. Name, title, telephone number and e-mail of two principals in firm who may be contacted:

a. \_\_\_\_\_

b. \_\_\_\_\_

10. List locations of other offices (no more than five):

	<u>Address</u>	<u>Telephone No.</u>	<u>No. of Personnel</u>
a.	_____	(    ) _____	_____
b.	_____	(    ) _____	_____

**10. (Continued)**

	<u>Address</u>	<u>Telephone No.</u>	<u>No. of Personnel</u>
c.	_____ (    ) _____	_____	_____
d.	_____ (    ) _____	_____	_____
e.	_____ (    ) _____	_____	_____

**11. Errors and Omissions insurance:**

a. Amount your firm presently carries: \$ \_\_\_\_\_

b. Carrier's name and address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c. If no insurance, state other arrangements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Total employees presently employed:**

a. At your local (Southern Nevada) office: \_\_\_\_\_

b. In your firm: \_\_\_\_\_

c. Total wages reported by your firm to the State of Nevada Employment Security Division as shown on line 3 of form NUCS-4072 for the quarters ending:

12/31/06 \$ \_\_\_\_\_ 3/31/07 \$ \_\_\_\_\_

6/30/07 \$ \_\_\_\_\_ 9/30/07 \$ \_\_\_\_\_

13. By category, give the number of projects your firm is working on / has

	<u>CURRENT</u>	<u>LAST FIVE YEARS</u>
a. Public/Governmental	_____	_____
b. Commercial	_____	_____
c. Residential	_____	_____
d. Other	_____	_____

14. The City of Las Vegas has adopted a policy that encourages the participation and utilization of minority and women-owned businesses. The City has adopted participation goals of 25% minority owned business utilization, 5% women-owned business utilization and 2.5% disabled veteran-owned business utilization.

a. Is your firm certified as a minority-owned, women-owned or disabled veteran-owned business?

Yes (specify) \_\_\_\_\_ No \_\_\_\_\_

b. If yes, by what governmental agency(s):? \_\_\_\_\_

c. With respect to your firm's local office employees, please complete the following:

	<u>NUMBER OF EMPLOYEES (LOCAL OFFICE)</u>		
	<u>MANAGERIAL- PROFESSIONAL</u>	<u>TECHNICAL</u>	<u>CLERICAL</u>
FEMALE	_____	_____	_____
AMERICAN INDIAN	_____	_____	_____
ALASKAN NATIVE	_____	_____	_____
ASIAN	_____	_____	_____
BLACK	_____	_____	_____
HISPANIC	_____	_____	_____
DISABLED VETERAN	_____	_____	_____

**15. The firm must state that it meets and agrees to the following requirements:**

- ☐ **A majority of the work will be performed locally,**
- ☐ **The firm will have a project manager, agreeable to the City, available at the firm's local office during the term of any contract with the City,**
- ☐ **The local office representative is able to legally execute all contracts with the City, and**
- ☐ **The firm is capable of providing services in the Service Areas indicated in the submittal including signing and sealing construction documents for permit.**

*I declare under penalty of perjury that this application is complete, current and accurate as of the date below, and that I will advise the city of Las Vegas of any changes in writing, including personnel changes if such change affect the firm's ability to provide required services, prior to negotiating or proposing any services, and that I am legally authorized by the applicant firm to execute contracts with the City.*

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**Name and Title**

**Firm Name**

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**Signature**

**Date**